### FORM D

UNITED STATE
SECURITIES AND EXCHANG
Washington, D.C. 1



umber: 3235-0076

OMB APPROVAL

: May 31, 2002 ed average burden er response: 16.00

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC L	JSE ONLY	
Prefix		Serial	_
	DATE	RECEIVED	_

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Goldman Sachs Hedge Fund Portfolio plc: Shares
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: ☑ New Filing □ Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Goldman Sachs Hedge Fund Portfolio plc
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (including Area Code)
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
Brief Description of Business
To operate as a private investment fund.
Type of Business Organization PROCESCE
Corporation   Imited partnership, already formed   Dusiness trust   Imited partnership, to be formed   Public Limited Company   Public Limited C
D III 1 7 2002
Month Year Y
Actual or Estimated Date of Incorporation or Organization:  0 3 0 2 Actual   Estimated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for
State: CN for Canada; FN for other foreign jurisdiction )  F N

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:	
* Each promoter of the issuer, if the issuer has been organized within the past five years;	
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or mor of the issuer;	e of a class of equity securities
* Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
* Each general and managing partner of partnership issuers.	•
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)	
Goldman Sachs Princeton LLC (the Issuer's Investment Manager)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)  Sotir, Theodore T.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☑ Director* ☐  *of the Issuer and the Issuer's Investment Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
Hillenbrand, M. Roch	<del></del>
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)  Fitzgerald, Stephen	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐	General and/or Managing Partner
Full Name (Last name first, if individual)	The state of the s
Dilworth, James  Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐	General and/or
*of the Issuer and the Issuer's Investment Manager	Managing Partner
Full Name (Last name first, if individual)  Walker, George H.	
Business or Residence Address (Number and Street, City, State, Zip Code)  c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ *of the Issuer and the Issuer's Investment Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	

A. BASIC IDENTIFICATION DATA

\*•

Business or Residence Address

c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA	
Enter the information requested for the following:	
* Each promoter of the issuer, if the issuer has been organized within the past five years;	
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of of the issuer;	f a class of equity securities
* Each executive officer and director of corporate issuers and of corporate general and managing partners of part	tnership issuers; and
* Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐	General and/or Managing Partner
full Name (Last name first, if individual)	
AcGeough, David J.	
Business or Residence Address (Number and Street, City, State, Zip Code)  /o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
	General and/or Managing Partner
Full Name (Last name first, if individual) Regan, Eugene	
Business or Residence Address (Number and Street, City, State, Zip Code)	
o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ *of the Issuer's Investment Manager	General and/or Managing Partner
Full Name (Last name first, if individual)  Blood, David W.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ *of the Issuer's Investment Manager	General and/or Managing Partner
Full Name (Last name first, if individual) Ford, David B.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ *of the Issuer's Investment Manager	General and/or Managing Partner
Full Name (Last name first, if individual)  Levy, Tobin V.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
70 Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director ☐ *** ** ** ** ** ** ** ** ** ** ** **	General and/or Managing Partner
Full Name (Last name first, if individual)  Gall, Natalie M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

□ Promoter □ Beneficial Owner □ Executive Officer □ Director □

General and/or Managing Partner

Check Box(es) that Apply:

Business or Residence Address

Full Name (Last name first, if individual)

				B. INI	FORMAT	ION ABC	UT OFFI	ERING				
									Yes	No		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Ø		
			A	answer also	in Appendi	x, Column	2, if filing t	inder ULOI	Ξ.			
2. What is the minimum investment that will be accepted from any individual?									\$1,000,000*			
*The Directors of the Company at their discretion may accept subscriptions for lesser amounts.  3. Does the offering permit joint ownership of a single unit?								Yes ☑	No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)	-		-	·					
	Sachs & C											
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)	-		•	_		
85 Broad	Street, Nev	y York, Nev	w York 100	04								
Name of A	ssociated B	roker or De	aler						<del></del>			
					o Solicit Pu						EZI A I	l States
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
						;.						
Business of	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	Broker or De	aler	<u>.</u>								
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	(Last name			[771]	[01]	[, 1]	[,,,,	[ (( ) )		[ 11 2]	[" *]	(i iv)
Business c	r Residence	e Address (N	Number and	Street, City	y, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·					- 4
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity (Shares)	\$	12,454,803		12,454,803
	□ Common □ Preferred	_	, ,	•	
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify)	\$_		\$	0
	Total	\$	12,454,803	\$	12,454,803
	Answer also in Appendix, Column 3, if filing under ULOE.			•	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate Dollar Amount
			Investors	_	of Purchases
	Accredited Investors	_	7	\$	
	Non-accredited Investors		0	. \$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of me securities in this offering. Exclude amounts relating solely to organization expenses of me issuer. The information may be given as subject to future contingencies. If the amount of mexpenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		_	\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		図	\$	2,629
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		 ☑	\$	37,364
	Other Expenses (identify)			\$	0
	Total		<b>2</b>	\$	39,993
				Ψ	

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXP	LN3	ES A	ND USE OF PI	KUCE	EDS	ν
<ul> <li>b. Enter the difference between the aggre</li> <li>- Question 1 and total expenses furnished difference is the "adjusted gross proceeds to</li> </ul>	in response to Part C - Question 4.a	. Th	is		\$		12,414,810
Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box t payments listed must equal the adjusted gr to Part C - Question 4.b. above.	If the amount for any purpose is not lot the left of the estimate. The total	know of th	n, ne		_		
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0		\$_	0
Purchase of real estate			\$_	0		\$_	0
Purchase, rental or leasing and installation	of machinery and equipment		\$_	0		\$_	0
Construction or leasing of plant buildings a	nd facilities		\$_	0		\$_	0
Acquisition of other businesses (including this offering that may be used in excharanother issuer pursuant to a merger)	nge for the assets or securities of		\$	0		\$	0
Repayment of indebtedness			\$	0		\$	0
Working capital			\$ — \$	0	- 🗆	` <b>-</b> \$	0
Other (specify): Investment Capital			\$ — \$	0	- 2	` <b>-</b> \$	12,414,810
Column Totals		\$ <u></u>	0	- <u>-</u> ☑	\$ <b>-</b>	12,414,810	
		· –		- – 12.4	- 14,81		
Total Payments Listed (column totals adde	<u>1</u> )			☑ \$			<del></del>
	D. FEDERAL SIGNATU	RE	al Parija	The state of the s	·· . ···		1
The issuer has duly caused this notice to be following signature constitutes an undertakin of its staff, the information furnished by the is	g by the issuer to furnish to the U.S. So	ecurit	ies and	d Exchange Comr	nission,	upon	
suer (Print or Type) oldman Sachs Hedge Fund Portfolio plc	Signature Natalie Cl. Gall			Date June 2, 2002			
ame of Signer (Print or Type)	Title of Signer (Print or Type)						
atalie M. Gall	Vice President of the Issuer's Invest	ment	Man	ager			
				· · · · · · · · · · · · · · · · · · ·			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).